

South Carolina Department of Social Services
INDIVIDUAL WEEKLY TIME SHEET

Name: _____ Month/Year: _____ Week: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

SSN: XXX-XX-_____ Case Manager: _____ County: _____

Class Provider: _____ Component: _____

Day of Week	Date	Time In	Time Out (Leave for lunch)	Time In (Back from lunch)	Time Out	Total Daily Hours (Exclude lunch)	Client's Signature
<i>Example</i>	<i>03/04/2007</i>	<i>8:30 AM</i>	<i>12:00 PM</i>	<i>12:30 PM</i>	<i>3:00 AM</i>	<i>6</i>	
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							

Total Hours for the Week:

Note: Any amount of time taken for lunch does **NOT** count towards daily participation hours. When figuring daily hours, **EXCLUDE** time taken for lunch.

I certify that these hours are actual and true.

Provider's Signature

Date